

No. 300
M-10-47
v. 5-17-39
I 3905

FILED DEC 28 1948

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 260

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry Mo

(b) City or town Clinton Mo

(c) Name of hospital or institution: Clinton General
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 1/2 hr
Specify whether _____

In this community most of his life
years, months or days

3. (a) PRINT FULL NAME James J. Hardesty

3. (b) If veteran _____ 3. (c) Social Security No. _____

name war _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____

7. Birth date of deceased 3-25-1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 14 If less than one day _____ hr _____ min.

9. Birthplace Greene Co Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Shades Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Clinton Daily Democrat

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood on highway

18. (a) Signature of family director J. R. Hardesty

(b) Address Clinton Mo

19. (a) 12-23-48 (b) R. R. Hervey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles S of Coal Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

DATE OF DEATH: Month 12 day 19 year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him alive on dec. 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs.

Due to external injury - Cause undetermined

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1954

Of autopsy 19

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident - cause undetermined

(b) Date of occurrence 12-18-48

(c) Where did injury occur? East of Clinton Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) _____ (e) Means of injury undetermined

While at work? no

23. Signature James O. Smith (M. D. or other) M.D.

Address Clinton, Missouri Date signed 12-21-48

RECEIVED

District Health Officer No. 71

District file number 11-48-184

Date Filed 12-27-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred W. Kuesow

Licensed Embalmer No. 2478

P. O. Address Centon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.